PTO/SB/06 (08-03 Approved for use through 7/31/2006, OMB 0651-003: Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number												
	PA	TENT APPL	11 M J II	ON FEE DE Ultute for Form	ON	N RECORD			Application or Docket Number 0/707067			
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		OR		ER THAN	
Ŀ	FOR NUMBER F		BER FILE	D . WI	MBER EXTRA		RATE	FEE	7	RATE	FEE	-
B	BASIC FEE Q7 CFR 1.16(e))				7		1	OR	TANE	7200	Z	
TOTAL CLAIMS (37 CFR 1.18(c))			a minus	minus 20 = -			x:	1	7	× : 18.	140	<u> </u>
	DEPENDENT CLA 7 CFR 1.18(b))	IMS 2	- minus		<u> </u>	1		 	OR	x 8_/X	188.0	<u></u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d)) * If the difference in column 1 is less than zero, enter "0" in column 2.						1	×	 	OR	× 8	`	_
						J	+1	-	OR	+1		
							TOTAL	L	OR	TOTAL	LPD	
7	b8/05	L _	SMALL	ENTITY	OR		ER THAN LENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	,
	Folal GF GFR LINGS	122	Minus	26			x 8=		OR	X 8 4	1	7
	(37 CFR 5.140))	· 2	Minus	3	1./		X 8 = -		OR	X \$	1	
₹	FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAM (17 CFR 1.16(d))						+\$		OR	+:	1	1
	÷ .						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		1
		(Column 1)		(Column 2)	(Column 3)	_						1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	1
8	Total (27 CFR 1,18(4)	. 22	Minus	- 26	8	[,	x \$=	7	OR .	x s_ ' =	/	
到	Independent (87 CFR 1.15(b))	2	Minus	3	0	. [,	K 8 e		OR	xs =/		
\$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 CFR 1.16(5))					Γ.			OR	+: 6		
						1	TOTAL	7		TOTAL /		

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.14(d))

REMAINING

AFTER

AMENDMENT

िटांब्र (म OFR 1.15(व्र)

HIGHEST NUMBER PREVIOUSLY

PAID FOR

* If the entry in column 1 is test than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is test than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is test than 2, enter "20".

** The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18: The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PRESENT

EXTRA

ADDI-TIONAL FEE

TOTAL ADD'L FEE

OR

OR

OR

RATE

TOTAL ADD'L FEE

TIONAL

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.